

# Nationally Representative Data on Openness in Adoption



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# Outline of Comments

- Overview of strengths and limitations of using secondary data sources to research adoption
- Specific comments on the NSAP 2007
- Using Add Health as a case study in conducting adoption research
- Questions and comments from the audience

# **Strengths of Using Secondary Data to do Adoption Research**

- Move beyond small, convenience, unrepresentative or clinical samples
- Avoid selection bias and allow for broader generalization
- Often multiple methods, multiple informants, longitudinal (greater rigor)
- Not purposefully designed to study adoption may yield some benefits / objectivity, but...

# Limitations of Using Secondary Data to do Adoption Research

- Quality of data available is variable (not designed to study adoption)
- Most population-based studies do not ask about adoption specifically or questions are inconsistent / vague
  - e.g., “adopted” – yes, but what type?
- Awareness of challenges / issues that can arise in isolating out “adoption sample”
  - e.g., case of using Add Health

# Comments on the NSAP 2007

- Strengths
  - First nationally representative study to specifically focus on adoptive families
  - Inclusive of different types of adoption
  - Largest study of adoptive families (1.8M!)
- How research from NSAP moves field forward
  - Largest study of openness in adoption to date, including comparison groups of kin and non-kin placements and different types of adoption
  - Descriptive results and associations with outcomes

# Comments on NSAP 2007

- Limitations
  - Parent report, many questions are more descriptive and provide overview, rather than offering a detailed perspective of contact
    - Limitation of large quantitative studies in general
- Questions / Future Directions:
  - Will there be an NSAP 2? Now that it's 2013?
    - Could yield important information about outcomes

# **Using Add Health – A Case Study on Adoption Research with Secondary Data Sources**

- **Strengths:**
  - Large, nationally representative study surveying teens 12-17 YO and into adulthood (longitudinal)
  - Data collection involved self-report questionnaires from students, and in-home interviews of teens and their parents (multi-informant, mixed method)
  - Stratified sampling, over 90,000 students completed the SAQ and over 12,000 interviewed in 1994-95
  - Yielded sample of N = 609 adoptees (large)

# Using Add Health – A Case Study

- Limitations / Challenges
  - Not about adoption, Q's not asked in detail
  - Reconciling cases, pro/con of multi-informants...
    - Importance of consistent definitions / measurements of adoption and relationships across data set (and studies!)  
...and multiple methods (challenge of different settings): Picture teenagers in school....
  - Without triangulation, very different results! (including jokesters / inaccurate cases)
    - Undermines validity of findings – important implications



TABLE 1  
Effect of Inaccurate Responders Defined by  
Adoption Status ("False Adoptees")

<i>Outcome Variable</i>	<i>True Adoptees (n = 376) vs. Nonadoptees (n = 14,662)</i>	<i>False Adoptees (n = 88) vs. Nonadoptees (n = 14,662)</i>
School grades (+)	-0.11	-0.24
School troubles	-0.10	0.53
Positive school feelings (+)	0.05	-0.99
Skipping school	0.02	1.97
Smoking	0.05	0.94
Drinking	-0.03	1.45
Drunk	-0.02	1.68
Self-esteem (+)	-0.01	-0.96
Emotional distress	0.12	1.02
Future hope (+)	-0.01	-1.36
Health problems	0.06	1.08
Physical problems	0.06	1.73
Sickness	-0.08	1.15
Fighting	0.05	1.36
Lie to parents	-0.11	0.84
Mean of absolute effect size	0.06	1.09

NOTE: + = A positive variable on which a higher value is desired. The column entries are effect sizes in the form of the standardized mean difference between the two groups  $[(\bar{X}_{1st\ Group} - \bar{X}_{2nd\ Group})/(SD_{2nd\ Group})]$ . Classification for the groups (true adoptees, jokester adoptees, and nonadoptees) is based on triangulation from three data sources as described in the text. The sample sizes for the adopted and nonadopted groups presented in the table are the maximum sample sizes for the groups in this analysis. The actual sample sizes for a particular outcome variable comparison may be lower because of missing data. Because only selected groups were used, the sampling weight was not applied in these analyses.

# **Recommendations in Using Secondary Data Sources for Adoption Research**

- Recognize limits of self-report and/or dev stage of participants (e.g., children vs. adolescents vs. parents), different settings of assessment, different informant perspectives
- Q's must include sufficient detail to ensure the sample of interest is accurate and that q's are consistent across assessments / participants
- Careful about generalizations – be specific to the type of adoptive relationships studied (being sensitive to “who's missing?”)

# Questions / Comments

- What have you have found helpful or difficult in working with these and other similar datasets?
- Any advice you'd give to others using these and other similar secondary data sources?
- What questions do you have? How can we assist you in getting started with or working with secondary data sources on adoption research?

**Thank you!**

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# Resources:

## Add Health and Adoption

- Fan et al. (2006). An exploratory study about inaccuracy and invalidity in adolescent self-report surveys. *Field Methods*, 18, 223-244.
- Miller et al. (2001). Who is adopted? Measuring adoption status using national survey data. *Adoption Quarterly*, 5, 23-43.
- Miller et al. (2005). Methodological issues in using large-scale survey data for adoption research. In Brodzinsky & Palacios (Eds.), *Psychological Issues in Adoption: Research and Practice*. Westport: CT: Praeger.